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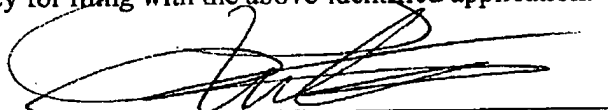
FACSIMILE NO.: (406) 587-4330

RE: Power of Attorney Form  
Application No. 10/586,042  
Applicant: Gerry Cook  
Filing Date: 07/12/2006  
For: THERAPEUTIC VIBRATION APPARATUS  
Our Docket No.: 264.33

PAGES: 3 (including cover sheet)

Dear Sir:

I have attached a Power of Attorney for filing with the above-identified application.



Richard C. Conover,  
Attorney for Assignee

\*\*\*\*\*  
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PTO/SB/81 (01-06)

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/586,042
Filing Date	07/12/2006
First Named Inventor	Gerry Cook
Title	Therapeutic Vibrat...
Art Unit	
Examiner Name	
Attorney Docket Number	264.33

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

27616

OR

☐ Practitioner(s) named below:

Name	Registration Number

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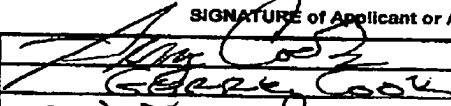
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	12/06/07
Name	GERRY COOK	Telephone	703-433-4145
Title and Company	OWNER, PATENT		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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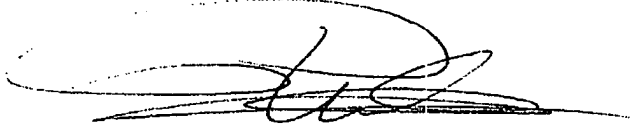
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